



THE AGA KHAN UNIVERSITY

eCommons@AKU

School of Nursing & Midwifery

Faculty of Health Sciences

8-2018

Escaping from life: Suicidal behaviors

Nasreen Rafiq

Aga Khan University, nasreen.rafiq@aku.edu

Neelam Rafiq

Aga Khan University

Follow this and additional works at: https://ecommons.aku.edu/pakistan_fhs_son



Part of the [Nursing Midwifery Commons](#), and the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Rafiq, N., Rafiq, N. (2018). Escaping from life: Suicidal behaviors. *i-Manager's Journal on Nursing*, 8(3), 39-42.

Available at: https://ecommons.aku.edu/pakistan_fhs_son/393

ESCAPING FROM LIFE: SUICIDAL BEHAVIORS

By

NASREEN RAFIQ *

NEELAM RAFIQ **

* Registered Nurse, Intensive Care Unit, Aga Khan University Hospital, Pakistan.

** Registered Nurse, Emergency Department, Aga Khan University Hospital, Pakistan.

Date Received: 04/12/2018

Date Revised: 03/01/2019

Date Accepted: 22/01/2019

ABSTRACT

An individual undergoes through various psychological changes during his life. These changes sometimes result in disparities hence, life loses its state of equilibrium. This gives rise to risk taking behaviors like suicide. The literature review has been conducted to identify and highlight the causes of suicide, and some strategies to reduce its rate in order to promote individuals' physical and mental health. Various databases and search engines, ranging from 1998 to 2013, have been used to conduct a detailed analysis of the problem. Epidemiological studies show that suicide has taken a heavy toll. In east, suicidal behaviors are misinterpreted as honorable martyrdoms (Vaknin, 2013). Moreover, teenage suicide is the third leading cause of death among adolescents (Shain, 2007). These findings suggest that an instant attention is required towards the issue. Various socioeconomic, psychiatric, and personality disorders and sometimes the mixture of these are responsible behind its existing trends. Therefore, the resolution of the problem requires a multi-dimensional approach. Suicide is considered as a failure of coping mechanism. Since, it negatively influences health, it becomes important to reduce its trends. A collaborative effort of health professionals, society, and governmental organizations is required to hamper its growth.

Keywords: Suicidal Behaviors, Risk Taking, Personality Disorders, Coping Methods, Mental Health, Psychiatric Illness, CARE Framework.

INTRODUCTION

Life is an amalgamation of sorrows and happiness. It is balanced by the combination of both stress and serenity. If any of the two either increases or decreases, life loses its equilibrium. This leads to insecurity and exhaustion. Hence, a person may try to terminate his life and go for suicide. Suicidal behaviors refer to suicidal thoughts and plans intended to harm self, or inflict self-death (Stuart, 2013) Vaknin (2013) considers suicide as the termination of life resulting from individual's personal intentions. Suicidal behaviors are fatal and non-fatal acts, which occur due to maladaptive communication (Athey et al., 2018). Hence, it is a maladaptive response which deteriorates health.

1. Case Scenario

During the authors' clinical experience at a psychiatric hospital, they encountered a 23 year old female, diagnosed with schizophrenia. She belonged to a poor family. Her history revealed increased impulsivity and

multiple suicide attempts by taking 6-7 sleeping pills together, and once cutting-off her wrist in a feast. Her baseline traits showed borderline and histrionic personality. During childhood, her mother attempted suicide due to poverty. The patient was also divorced and stated that "I used to have frequent fights with my husband. He always stopped me from visiting my family, which triggered me every time. He left me because he thought that I am retarded. Now I have no reason to live for." Presently, she was admitted to have a loud quarrel with her sister in a hotel on ordering food. She started arguments, threatened to suicide, and displayed uncontrollable aggression.

2. Discussion

Reflecting on the scenario, the authors have realized that it is very difficult to work with such patients because one is unaware of the things which could trigger patients towards suicide. Since, it is a preventable issue; they chose this topic to identify the thoughtful and planned methods to deal with

these patients, help them to build resilience, and enable them to identify the value of life.

Suicide is a public health issue (Hirsch & Cukrowicz, 2014). Canetto (2015) says Pakistan, being an Islamic country, has comparatively low suicide rates because suicide is considered as a sin in Islam; hence, it is condemned. Moreover, it is an unlawful act under Pakistan's code, and its perpetrator is considered as an offender who shall be imprisoned and charged with heavy penalties. However, Vaknin (2013) states, in the east, suicidal behaviors are misinterpreted as honorable martyrdoms. Whereas, in the west, killing self is considered as violating an individual's right to life. Suicidal behaviors are also offended by society. Various stigmas are associated with them (Xu et al., 2016), which lead to social isolation.

Erkol et al. (2013) say that suicidal behaviors can either be impulsive, low-planned, or highly planned serious actions. Furthermore, women usually plan low grade impulsive actions, which result in fewer consequences. In my scenario, the patient did multiple suicidal attempts, but did not achieve her motive. It was because she chose low-planned actions, i.e., took 4-5 sleeping pills together, which did not inflict serious harm. Additionally, histrionic and borderline personalities highly influence individual's suicidal behaviors (Stuart, 2013). They are characterized by increased attention-seeking, self-centered, and self-mutilating behaviors (Beck, Davis, & Freeman, et al., 2015). For example, the patient expurgated her wrist in the feast, in front of many people. This showed her attention-seeking behavior, which also lead to self-harm and suicidal attempt. Such personality disorders include intense impulsiveness, which activates suicidal ideations (Stuart, 2013). Similarly, in this patient, increased impulsivity during the quarrel with her sister elicited suicidal thoughts. Moreover, schizophrenia increases the risk of suicide by 90% through increasing possibilities of rage and loneliness (Cummins et al., 2015). This patient was also suffering from schizophrenia, which contributed in raised impulsivity; resulting in divorce and loneliness. She also showed hopelessness which is another risk factor for suicide (Cummins et al., 2015). Besides, Beautrais and Goldney (2017) suggest a direct relation of poverty to suicide. Due to

low socio-economic status, people does not find access to life's basic necessities and opt for suicide. My patient also belonged to a poor family. Difficulty in achieving the desires, led her to attempt suicide. Additionally, parents are a child's primary model (Beautrais & Goldney, 2017). In the scenario, my patient's mother attempted suicide to cope with her problems. According to behavioral theory, a person learns self-destructed behaviors in childhood through observation (Stuart, 2013). Imitating and identifying with her mother, the patient would have viewed termination of life as the ultimate way to escape from problems, thus attempted suicide.

It is important to resolve this issue. CARE framework can help in analyzing methods to deal with suicidal acts (McAllister & Walsh, 2003). Containment (C) refers to maintaining client's safety. As suicidal ideations are unpredictable, it becomes important to ensure client's safety, and help him to ventilate-out frustration. Awareness (A) is aimed at developing patient's insight about the reasons which escalate suicidal acts; thus, enabling him to reflect and accept those reasons. Resilience (R) denotes reframing suicidal ideations into survival images by thinking optimistically and exploring hidden potentials. Engagement (E) signifies learning new coping skills that defeat suicidal thoughts and help to manage problems (McAllister & Walsh, 2003).

3. Recommendations

At an individual level, therapeutic relationship encourages client to ventilate feelings and helps in lightening the burden (Young, 2014). One must show empathy and help such patients in expressing their thoughts. Knowing that client's protection is most necessary (Stuart, 2013), one can convey these ideations to the hospital staff and family. They can also be taught about some relaxation exercises for example, deep breathing and listening to music, which could help such patients in avoiding suicidal thoughts. Counselling certainly helps in decreasing suicidal thoughts (Kumar & Kalpana, 2013). These patients can also be explained that life is very important, and they can be taught some acceptable ways for expressing anger such as punching a pillow. While interviewing, we can also help these patients to identify their strengths and suggest them

to think about the ways to promote them. These can serve as adaptive coping methods rather than thinking about harming herself, the maladaptive method.

At group and community level, Stuart (2013) suggests families should be given psych-education about the early warning signs of suicidal behaviors in clients. Families could be taught to encourage self-control in clients. Additionally, social supports could be brought to patients (Stuart, 2013) to increase socialization, which decreases loneliness; hence, decreasing self-destructive thoughts. These patients can also be engaged in occupational therapies, where they can interact with others. Additionally, suicide prevention programs could be started with NGO's support, to spread awareness and decrease stigmatization. At institutional level, they believe that a keen suicide risk assessment must be done. Action plans should be done to prevent suicide, which includes designing policies to change stigmatizing attitudes of health professionals and constructing appropriate infrastructure (Stuart, 2013).

Conclusion

In conclusion, suicide is considered as a failure of coping mechanism (Stuart, 2013). It is globally prevalent, but its rates are comparatively lower in Pakistan due to religious and legal significance. It can be influenced by poverty, personality disorders, rage, hopelessness, and familial history. Since, suicide negatively influences health, therefore, it becomes important to eliminate this issue. Some strategies are discussed in the light of the CARE framework to eradicate this issue to promote individual's physical and mental well-being.

References

- [1]. Athey, A., Overholser, J., Bagge, C., Dieter, L., Vallender, E., & Stockmeier, C. A. (2018). Risk-taking behaviors and stressors differentially predict suicidal preparation, non-fatal suicide attempts, and suicide deaths. *Psychiatry Research*, 270, 160-167.
- [2]. Beautrais, A., & Goldney, R. (2017). Suicide and Suicidal Behaviour. In Bloch, S., & Singh, B. S. (Eds.), *Foundations of Clinical Psychiatry*, Fourth Edition (pp. 491-506) Melbourne. University Publishing.
- [3]. Beck, A. T., Davis, D. D., & Freeman, A. (Eds.). (2015). *Cognitive Therapy of Personality Disorders*. Guilford Publications.
- [4]. Canetto, S. S. (2015). Suicidal behaviors among Muslim Women. *Patterns, Pathways, Meaning, and Prevention Crisis*, 36(6), 447-458.
- [5]. Cummins, N., Scherer, S., Krajewski, J., Schnieder, S., Epps, J., & Quatieri, T. F. (2015). A review of depression and suicide risk assessment using speecanalysis. *Speech Communication*, 71, 10-49.
- [6]. Hirsch, J. K., & Cukrowicz, K. C. (2014). Suicide in rural areas: An updated review of the literature. *Journal of Rural Mental Health*, 38(2), 65.
- [7]. Kumar, R., & Kalpana. (2013). Suicide: A silent preventable epidemic. *Journal of Delhi Psychiatry*, 16(1), 45.
- [8]. McAllister, M., & Walsh, K. (2003). CARE: A framework for mental health practice. *Journal of Psychiatric and Mental Health Nursing*, 10(1), 39-48.
- [9]. Stuart, G. W. (2013). *Principles and Practice of Psychiatric Nursing* (10th Ed.). St. Louis: Mosby.
- [10]. Vaknin, S. (2013). *Sociocultural views on Suicide*. Available at: <http://www.matrixbookstore.biz/suicide2.html>.
- [11]. Xu, Z., Müller, M., Heekeren, K., Theodoridou, A., Metzler, S., Dvorsky, D., ... & Rüscher, N. (2016). Pathways between stigma and suicidal ideation among people at risk of psychosis. *Schizophrenia Research*, 172(1-3), 184-188.
- [12]. Young, J. E. (2014). Schema-focused therapy for personality disorders. In *Cognitive Behaviour Therapy* (pp. 215-236). Routledge.

ABOUT THE AUTHORS

Nasreen Rafiq is currently working as a Registered Nurse in Intensive Care Unit at the Aga Khan University Hospital, Pakistan and she is a graduate of Bachelors of Science in Nursing with honours from Aga Khan University School of Nursing and Midwifery.



Neelam Rafiq is currently working as a Registered Nurse in Emergency Department at the Aga Khan University Hospital, Pakistan and she is a graduate of Bachelors of Science in Nursing from Aga Khan University School of Nursing and Midwifery.

